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APPLICANTS

Neil John Graham, Long Beach, CA;

\*\* CONTINUING DATA \*\*\*\*\*

*None ZE*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None ZE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged	<i>ZE</i> Examiner's Signature	Initials		

ADDRESS

Neil John Graham  
 6017 Lido Lane  
 Long Beach , CA  
 90803

TITLE

Contact lens rinsing and placement process

FILING FEE  RECEIVED 427	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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